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Bib Data Sheet

**CONFIRMATION NO. 8474** 

<b>SERIAL NUMBER</b> 10/635,504	FILING OR 371(c)	DATE         CLASS         GRO           08/07/2003         436		DUP ART UNIT 1743		ATTORNEY DOCKET NO. MSE #2675		
** CONTINUING DA	cell, Edwardsburg, MI;  TA ***********************************	1 09/10/2 ****					<u> </u>	
met Allowance Verified and Acknowledged Examiner's Signature Initials			STATE OR COUNTRY MI	DRAWING CLA		TOTA CLAI 47	MS	INDEPENDENT CLAIMS 9
ADDRESS Jerome L. Jeffers, E Bayer Healthcare LL P.O. Box 40 Elkhart, IN46515-00								
TITLE Auto-calibration labe	l and apparatus comprisi	ng same						
RECEIVED No.	ES: Authority has been gi to charge/cre for following	Authority has been given in Paper to charge/credit DEPOSIT ACCOUNT for following:			☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other ☐ Credit			